1		1
Billed En., Applicant #: 131976	Applicant's Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	· · · · · · · · · · · · · · · · · · ·
BLOCK 5: Discount Funding Request(s)	Page 287 of 319	

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRI	N #	(to be assigned b	y admini	strator)	T in the second
11	Category of Service (only ONE ca O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b_	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includ relevant brand names. Label this description with an A			elow. Attachment # USFATCH0105
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		red by others), list the Entity 589	927 -
		b. If the service is shared by all entities on a Block (e.g. A-1)	4 worksheet,	list the worksheet number:	
23	Calculations				

	Recu	irring Charges			Nor	n-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500	

						· in.					• • .
Bille	ed Ei	pplicant #: 13	1976			App. i's	Form Identif	ier: DM	PS4710101		
	tact Person					Phone Num	per: 515-2	242-7773			
BLO	OCK 5: Di	scount Fundin	g Request(s)		<u> </u>		Pag	ge 288 of 319)		<u>.</u>
		e one Block 5 pag oleted pages to as				ber) for which	you are reque	sting discounts. M	ake as many cop	es of this page	as necessary, and
FRI						e assigned b	y administ	rator)			स
11		of Service (only only only only only only only only			ced) ● Internal C	onnections		Contract Number (in "T" if tariffed service month-to-month service described in instruction	e, "MTM" if ices as	RFP #00-48E	
12	Form 470	Application Nu	ımber:	704	340000296620	0	16	Billing Account N (e.g. billed telepho Allowable Vendor S	umber: ne number) election/	N	I/A
13		rvice Provider			1420270		18	Contract Date: (mn Contract Award Da		12/12/2000	
	Identificat	tion Number:			143007606		L	(mm/dd/yyyy) Service State Date (1	mm/dd/vvvv)	01/12/2001 07/01/2001	
								Service End Date (n		N/A	
14	Service Pr	ovider Name		Norstai	n Communica	tions		Contract Expiration (mm/dd/yyyy)	Date	06/30/2002	
21	Descriptio	n of this Service:					ng breakdown c	of components and cond note number in spa		Attachment	# USFATCH0105
22	Entity/Ent Service:	ities Receiving thi		Number of the en	tity from Block	4 receiving this	service.	by others), list the Ent the worksheet number			
23	Calculatio	ns		e.g. A-1)							
·		Recu	rring Charges			No	n-Recurring	Charges		Total Charge	s
	A	В	C	D	E	F	G	Н	Ι	J	К
(tota	hty \$ charges I amount for service)	llow much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

			1						
Bille	d E Applicant #: 131976		Appt's Form Identifier: DMPS4710101						
Cont	act Person: Greg Davis		Phone Number	r: 515	5-242-7773	•	<u></u>		
BLC	CK 5: Discount Funding Requ	est(s)	<u> </u>	P	Page 289 of 319				
	er the completed pages to assure that		ber) for which yo	u are req	uesting discounts. Make as m	any copie:	s of this page as necessary, and		
FRN	l #	(to b	e assigned by	admini	strator)				
11	O Telecommunications Services	egory should be checked) O Internet Access • Internal C	Connections	15	Contract Number (if available "T" if tariffed service, "MTM" month-to-month services as described in instructions)		RFP #00-48E		
12	Form 470 Application Number:	70434000029662	0	16	Billing Account Number: (e.g. billed telephone number)		N/A		
				17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy).	12/12/2000		
13	SPIN – Service Provider Identification Number:	143007606		18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
				19a	Service State Date (mm/dd/yy		07/01/2001		
				19b	Service End Date (mm/dd/yyy	/y)	N/A		
14	Service Provider Name	Norstan Communica	ations	20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002		
21	Description of this Service:	You MUST attach a description of the relevant brand names. Label this description					Attachment # <u>USFATCH0105</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (pro Number of the entity from Block			ed by others), list the Entity	58970 -			
	·	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:							

	Recu	rring Charges			Nor	1-Recurring C	harges	Total Charges			
A	В	С	D	E	F	G	Н	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000	

(e.g. A-1)

23

Calculations

	1												:	
Bille	d End., A	pplicant #: 13	1976				Appıit's	Form Ide	ntifie	er: DMF	S4710101			
Cont	act Person	: Greg Da	vis			,	Phone Numb	er: 51	5-24	2-7773			-	
BLC	CK 5: Di	scount Fundin	g Reque	st(s)	- 1000-1001-1001-1001-1001-1001-1001-10	 			Page	290 of 319				
		e one Block 5 pag pleted pages to as					ber) for which	you are re	quest	ing discounts. Ma	ke as many copi	es of this page	as necessary, and	
FRI	V #					(to be	e assigned b	y admin	istra	ator)			:	
11	11 Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access • Internal							15	T" mo	ontract Number (if "if tariffed service, onth-to-month services escribed in instruction	"MTM" if	RFP #	00-48E	
12	2 Form 470 Application Number: 7043400002966							16	(e	illing Account Nu .g. billed telephon llowable Vendor Se	e number)	N	/A	
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								19a		ervice State Date (n		07/01/2001		
	G : B				** .			19b		ervice End Date (m		N/A		
14		ovider Name				Communica		20	(n	ontract Expiration 1m/dd/yyyy)		06/30/2002		
21	Descriptio	n of this Service:								components and cos note number in space		Attachment #	USFATCH0105	
22	Entity/Ent Service:	ities Receiving thi	is				vided to one site 4 receiving this		ired by	y others), list the En	ity 58932 -			
					he service is sh . A-1)	nared by all enti	ties on a Block 4	worksheet,	, list tl	he worksheet numbe	r:			
23	Calculatio	ns	'		· · · · · · · · · · · · · · · · · · ·									
		Recu	rring Ch	arges			Nor	-Recurri	ng Cl	harges	· · · · · · · · · · · · · · · · · · ·	Total Charge	s	
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	73	· · · · · · · · · · · · · · · · · · ·			11		*() ()()()			. 50.000	201 (38.81)	L 00%	i wan man '	

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Bille	d E A	pplicant #: 13	1976				App t's	Form Identi	fier: DM	PS4710101		
Con	act Person	Greg Da	vis				Phone Numb	er: 515-2	242-7773			
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)				Pa	ge 291 of 319			
		e one Block 5 pag oleted pages to as					ber) for which	you are reque	esting discounts. M	ake as many copi	es of this page	as necessary, and
FRI	N #					(to be	assigned b	y administ	rator)			
11		of Service (only of Service)						15	Contract Number (i "T" if tariffed service month-to-month serv described in instructi	e, "MTM" if ices as	RFP #00-48E	
12	Form 470	Form 470 Application Number: 70434000029						16	Billing Account N (e.g. billed telepho	umber: ne number)	N	//A
								1 - 1	Allowable Vendor S Contract Date: (mn		12/12/2000	
13	1	rvice Provider tion Number:			A STATE OF THE STA	143007606		1 1	Contract Award Da (mm/dd/yyyy)	te	01/12/2001	
			l						Service State Date (07/01/2001	
14	Service Pr	ovider Name			Norstar	. Communica	tions	20	Service End Date (n Contract Expiration		N/A 06/30/2002	
21	Descriptio	n of this Service:						ig breakdown	(mm/dd/yyyy) of components and cond note number in spa		Attachment	# USFATCH0105
22	Entity/Eng Service:	ities Receiving thi	is	b. If	ımber of the en	tity from Block	4 receiving this:	service.	by others), list the En	-		
23	Calculatio	ns		(0.,	<u> </u>							
		Recu	rring Ch	arges			Nor	-Recurring	Charges		Total Charge	s
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	0	0	0)	0	0	5,000	0	5,000	5,000	50%	\$2,500

Page 292 of 319 Equesting discounts. Make as many copies of this page as necessary, a squesting discounts. Make as many copies of this page as necessary, a squesting discounts. Make as many copies of this page as necessary, a squesting discounts. Make as many copies of this page as necessary, a squesting discounts. Make as many copies of this page as necessary, a squesting discount. Contract Number (if available; use "T" if tariffed service, "MTM" if RFP #00-48E
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wn of components and costs, plus any #, and note number in space provided below. Attachment # USFATCH0
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ing Charges Total Charges
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ch of of ount pre-discount pre-discount s amount for one-time charges (F minus G) Annual eligible pre-discount year pre-discount s amount (from Block 4 worksheet) S amount worksheet) Funding Commitmen Request (I x J)
50,000 50,000 90% \$45,000

 Rille	d Ent.	pplicant #: 13	1076		Western B. C. C.	Apply r'el	Form Identifi	or: DM	PS4710101		<u></u>		
	act Person				· · · · · · · · · · · · · · · · · · ·	Applicant's Form Identifier: DMPS4710101 Phone Number: 515-242-7773							
		scount Fundin		t(s)			Page						
ıstrı	ctions: Use	e one Block 5 pag	ge for EAC	H service (Fundin		ber) for which		sting discounts. M	ake as many copi	es of this page a	as necessary, and		
		oleted pages to as	sure that th	ey are all process				4					
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		` •	_	Internet Access	• Internal C	Connections	n	T" if tariffed service nonth-to-month servicescribed in instruction	, "MTM" if ices as	RFP#	00-48E		
?	Form 470	Application Nu	ımber:	70	434000029662	0	16 I	Billing Account N e.g. billed telephor	umber:	N	/A		
							17 A	Allowable Vendor S Contract Date: (mn	election/	12/12	2/2000		
3		rvice Provider tion Number:			143007606		1 * 0	Contract Award Da mm/dd/yyyy)	te	01/12/2001			
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	Comice Dr	ovider Name		NI	Ci	.45		Service End Date (m		N/A 06/30/2002			
	Service Fr	ovidei Name		Norst	an Communica			(mm/dd/yyyy)					
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	Service:	ns	is a	If the service is Number of the control of the cont	s. Label this described site-specific (proentity from Block	ription with an A vided to one site 4 receiving this ties on a Block 4	ttachment #, and and not shared b service. worksheet, list	d note number in spa	ce provided below.				
total	Service: Calculatio	ns Recu	b arring Char	If the service is Number of the control of the cont	site-specific (proentity from Block shared by all entity from	ription with an A vided to one site 4 receiving this ties on a Block 4	and not shared be service. worksheet, list	d note number in spa	ce provided below. tity 58954 - er:	Total Charge			

Bille	ed Entity A	pplicant #: 13	1976		·		Applicans	Form Ident	ifier: DM	PS4710	101		· ·	
	tact Person						Phone Number: 515-242-7773							
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)				Pa	ige 294 of 319					
		e one Block 5 pag pleted pages to as					ber) for which	you are requ	esting discounts. M	lake as m	any copie	s of this page a	as necessary, and	
R	N #					(to b	e assigned b	y adminis	trator)	· · · · · · · · · · · · · · · · · · ·				
.1	O Telecommunications Services O Internet Access • Internal						Connections	15	15 Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48E		
2	Form 470	Form 470 Application Number: 70434000029					0	16	Billing Account N (e.g. billed telepho		er)	N	/ A	
								17	Allowable Vendor S Contract Date: (mr	Selection/		12/12	2/2000	
3	1	rvice Provider tion Number:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		143007606		18	Contract Award Date (mm/dd/yyyy)			12/12/2000		
								19a	Service State Date (mm/dd/yy	уу)	01/12/2001 07/01/2001		
	ļ- <u>-</u>							19b	Service End Date (mm/dd/yyyy)			N/A		
1	Service Provider Name Norstan Commu						itions	20	Contract Expiration (mm/dd/yyyy)	n Date		06/30	0/2002	
1	Description of this Service: You MUST attach a description of relevant brand names. Label this description of the service of t											Attachment #	# USFATCH0105	
2	Entity/Ent Service:					tity from Block	4 receiving this	service.			58950	<u> </u>		
	:				service is snare g. A-1)	d by all entities	s on a Block 4 wo	orksneet, list t	he worksheet number:					
3	Calculatio	ns												
		Recu	rring C	harges		- · · ·	Non-Recurring Charges					Total Charge	S	
	A	В	(2	D	E	F	G	Н		I	J	K	
(total	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?			# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	_	year pre \$ ar	orogram -discount nount & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0	()	0	0	5,000	0	5,000	5,	000	80%	\$4,000	

Billed Entry Applicant #: 131976	Applic s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 295 of 319
Instructions: Use one Block 5 page for EACH service (Funding pumber the completed pages to assure that they are all processes	Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and

number the completed pages to assure that they are an processed correctly.

FRI	v #	(to be assigned b	y admini	istrator)	-
11	Category of Service (only ONE category of Service (only ONE category of Services)	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A		n of components and costs, plus any	w. Attachment # USFATCH0105
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	service.		,
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	1-Recurring C	harges		Total Charges	S
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	60%	\$3,000

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Bille	ed Entity A	pplicant #: 13	1976				Applicant's	Form Ident	tifier: DM	PS4710101		
Con	tact Person	: Greg Da	vis				Phone Numb	per: 515	-242-7773			
BLO	OCK 5: Di	iscount Fundin	g Reque	est(s)				P	age 296 of 319		<u></u>	
Instr num	uctions: Use ber the comp	e one Block 5 par pleted pages to as	ge for EA	CH serv	vice (Funding	Request Num correctly.	ber) for which	you are requ	uesting discounts. M	ake as many copi	es of this page	as necessary, and
FRI	N #					(to be	assigned b	y adminis	strator)	· ··· <u>·</u> ·		
11		of Service (only mmunications Se			ould be check net Access		<u> </u>	15	Contract Number (i "T" if tariffed service month-to-month serv described in instruction	e, "MTM" if ices as	RFP #	00-48E
12	Form 470	Application Nu	ımber:		704	340000296620	0	16	Billing Account N (e.g. billed telephor	ne number)	N	/A
								17	Allowable Vendor S Contract Date: (mn	ı√dd/yyyy)	12/12	2/2000
13		rvice Provider tion Number:				143007606	\ -	18	Contract Award Da (mm/dd/yyyy)	te	01/12	2/2001
								19a	Service State Date (1/2001
14	Service Pr	ovider Name			Norstar	Communica	tions	19b 20	Service End Date (n Contract Expiration			//A 0/2002
									(mm/dd/yyyy)		00/50	
21	Descriptio	n of this Service:							n of components and co and note number in spa		Attachment	# USFATCH0105
22	Entity/Ent Service:	tities Receiving th	is	Nι	ımber of the en	tity from Block	4 receiving this:	service.	ed by others), list the Er			
					the service is slg. A-1)	nared by all entit	ties on a Block 4	worksheet, l	ist the worksheet numb	er:		
23	Calculatio	ns		(0.)	5. A-1)	· · · · · · · · · · · · · · · · · · ·						
	,I-,	Recu	rring Ch	arges			Nor	n-Recurring	g Charges		Total Charge	s
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(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible r pre-dis- amor (A min	count unt nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amou in (F) is ineligible?	nt pre-discount \$ amount for one-	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
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Bill	ed Entily A	pplicant #: 13	1976				Applic s l	Form Iden	tifier: I	MPS47101	01		
Con	tact Person	: Greg Da	vis		- April - Apri		Phone Numb	er: 515	5-242-7773			.,	
BLO	OCK 5: Di	scount Fundin	g Reque	est(s)				P	gage 297 of 3	19	•		
		e one Block 5 pag oleted pages to as					ber) for which	you are req	uesting discounts.	Make as ma	ny copie	es of this page a	as necessary, and
FR	N #					(to be	assigned by	y admini	strator)				
11		of Service (only onnunications Se						15	"T" if tariffed ser month-to-month described in instr	vice, "MTM" ervices as		RFP#	00-48E
12	Form 470	Application Nu	ımber:		704	340000296620)	16	Billing Account (e.g. billed telep	Number:	r)	N	/A
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13		rvice Provider tion Number:				143007606		18	Contract Award (mm/dd/yyyy)				2/2001
			ļ					19a	Service State Da				/2001
14	Service Pr	ovider Name			Norstan	Communica	tions	19b 20	Contract Expira (mm/dd/yyyy)	<u> </u>	"		/A 0/2002
21	Descriptio	n of this Service:							n of components an and note number in			Attachment #	# USFATCH0105
22	Entity/Ent Service:	tities Receiving thi	is	Nι	imber of the en	tity from Block	4 receiving this s	ervice.	ed by others), list th		58986 -		
23	Calculatio	ns			g. A-1)								
·	<u>}</u>	Recu	rring Ch	arges			Non	-Recurrin	g Charges			Total Charge	S
	A	В	C		D	E	F	G	Н]		J	K
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	0	0	0		0	0	5,000	0	5,000	5,0	00	50%	\$2,500

	:31												-
Bille	ed Entil, A	pplicant #: 13	1976				Apph	s Form Io	lentifi	er: DM1	PS4710101		
Con	tact Person	: Greg Da	vis				Phone Nur	nber:	515-24	42-7773			
BLO	OCK 5: Di	scount Fundin	g Reque	est(s)					Page	e 298 of 319			
		e one Block 5 pag oleted pages to as					ber) for whic	h you are	reques	sting discounts. M	ake as many cop	ies of this page	as necessary, and
FRI	N #	- A.A.				(to be	e assigned	by admi	inistr	ator)			
11		of Service (only mmunications Se						15	C n	Contract Number (if T" if tariffed service nonth-to-month servi escribed in instruction	, "MTM" if ces as	RFP #	00-48E
12	Form 470	Application Nu	ımber:		704	340000296620	0	16	В	Billing Account Nu	umber:	N	/A
								17		Allowable Vendor So Contract Date: (mm		12/1:	2/2000
13	I	rvice Provider tion Number:				143007606		18	(ı	Contract Award Dat mm/dd/yyyy)		01/12	2/2001
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14	Service Pr	ovider Name		· · · · · · · · · · · · · · · · · · ·	Norstan	Communica	tions	19 20	C	Service End Date (m Contract Expiration mm/dd/yyyy)			7/A D/2002
21	Descriptio	n of this Service:							lown of	f components and cost note number in space		. Attachment	USFATCH0105
22	Entity/Ent Service:	tities Receiving th	is	Nu	mber of the en	tity from Block	4 receiving th	is service.		by others), list the En			
23	Calculatio	ns			(. A-1)	——————				THE WORKSHEET HUMBS			
			rring Ch	arges	,		N	on-Recur	ring C	Charges		Total Charge	S
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(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible n pre-disc amou (A min	count unt nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (on- time) \$ charges	e the \$ ar in (F inelig	mount is ible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	`worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0		0	0	5,000	0)	5,000	5,000	40%	\$2,000

	11							•			· ·
Bille	d Entity A	oplicant #: 13	1976	VI.		Applicants	Form Identif	ier: DM	PS4710101		
Con	act Person:	Greg Da	vis			Phone Numb	per: 515-2	.42-7773			
BLC	OCK 5: Di	scount Fundin	g Request	(s)	<u></u>		Pag	ge 299 of 319			
				I service (Funding y are all processe		ber) for which	you are reque	sting discounts. M	ake as many cop	ies of this page	as necessary, and
FRI	V #				(to be	e assigned b	y administ	rator)			
11		of Service (only on mmunications Se		ry should be check Internet Access	ked) • Internal C	onnections		Contract Number (if "T" if tariffed service month-to-month servidescribed in instruction	, "MTM" if ces as	RFP #	/00-48E
12	Form 470	Application Nu	mber:	704	1340000296620	0	(Billing Account No (e.g. billed telephor	ne number)	N	//A
								Allowable Vendor S Contract Date: (mm	/dd/yyyy)	12/1:	2/2000
13	1	vice Provider ion Number:			143007606			Contract Award Da (mm/dd/yyyy)			2/2001
								Service State Date (r			1/2001
14	Service Pr	ovider Name		Norsta	n Communica	tions	20	Service End Date (m Contract Expiration			I/A 0/2002
21	Description	of this Service:					ng breakdown o	(mm/dd/yyyy) of components and co d note number in spa		Attachment	# USFATCH0105
22	Entity/Ent Service:	ities Receiving th	b.	Number of the er	tity from Block	4 receiving this	service.	by others), list the Er the worksheet numb			
23	Calculatio	ns									
		Recu	rring Char	ges			ı-Recurring (Total Charge	
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(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible mor pre-discou amount (A minus	nt service provided in	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (I' minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0	0	0	10,000	0	10,000	10,000	50%	\$5,000

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Water Market

	14.10:							1.					
Bille	ed En , A	pplicant #: 13	1976		••		Appi.	's Fo	rm Identii	fier: DM1	PS4710101	<u></u>	
Con	tact Person	: Greg Da	vis				Phone 1	Number	r: 515-2	242-7773			
BLC	OCK 5: Di	scount Fundin	g Reque	est(s)			<u>. </u>		Pag	ge 300 of 319			
		e one Block 5 pag pleted pages to as					iber) for w	vhich yo	u are reque	esting discounts. M	ake as many copi	es of this page	as necessary, and
FRI	V #				•	(to b	e assign	ed by a	administ	rator)			
11		of Service (only of Service)		•					15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ices as	RFP #	00-48E
12	Form 470	Application Nu	ımber:		704	34000029662	0		16	Billing Account No.	umber:	N	/A
									17	Allowable Vendor S Contract Date: (mm	election/	12/12	2/2000
13	1	rvice Provider tion Number:			***	143007606				Contract Award Date (mm/dd/yyyy)	te	01/12	2/2001
									19a	Service State Date (r	nm/dd/yyyy)		/2001
									19b	Service End Date (m	m/dd/yyyy)	N	/A
4	Service Pr	ovider Name			Norstan	Communica	tions			Contract Expiration (mm/dd/yyyy)	Date	06/30	0/2002
21	Descriptio	n of this Service:								of components and cond note number in spa		Attachment	USFATCH010
22	Entity/Ent Service:	lities Receiving th	is	Nur	nber of the en	tity from Block	4 receivin	g this ser	vice.	by others), list the Ent	ity 184709 -		
					ervice is share A-1)	ed by all entities	s on a Bloc	k 4 work	sheet, list th	e worksheet number:			
23	Calculatio	ns											
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	A	В	C		D	E	F		G	Н	I	J	K
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is incligible?	Eligible n pre-disc amot (A min	count unt nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual recurring time) charge	(one \$ es	How much of the \$ amount in (F) is ineligible?		Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
	0	0	1 0	ì	0	0	5.000	U i	0	3,000	3,000	60%	1 \$3,000

- 一年日は大村

						Ì					
Bille	d Entity A	pplicant #: 13	1976			Applicant's I	Form Iden	tifier: DMI	PS4710101		
Conf	act Person	Greg Dav	vis			Phone Numb	er: 515	5-242-7773			
BLC	OCK 5: Di	scount Fundin	g Request(s)		· · · · · · · · · · · · · · · · · · ·		P	age 301 of 319			
		e one Block 5 pag eleted pages to as				ber) for which y	you are req	uesting discounts. Ma	ake as many copie	es of this page a	as necessary, and
FRI	N #				(to be	assigned by	y admini				
11		of Service (only (.		ed) • Internal C	onnections	15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48E
12	Form 470	Application Nu	mber:	704	340000296620)	16	Billing Account Nu (e.g. billed telephon		N	/ A
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13	1	rvice Provider tion Number:			143007606		18	Contract Award Dat (mm/dd/yyyy)	te	01/12	2/2001
							19a	Service State Date (n			/2001
							19b	Service End Date (m			/ A
14	Service Pr	ovider Name			Communica		20	Contract Expiration (mm/dd/yyyy)		06/30	0/2002
21	Descriptio	n of this Service:						n of components and cos and note number in space		Attachment #	# <u>USFATCH0105</u>
22	Entity/Ent Service:	ities Receiving thi	N	imber of the en	tity from Block	4 receiving this s	ervice.	ed by others), list the En			
			4	the service is shg. A-1)	nared by all entit	ties on a Block 4	worksheet,	list the worksheet number	er:		
23	Calculatio	ns									
	4	Recu	rring Charges			Non	-Recurrin	g Charges		Total Charge	s
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(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much the \$ amou in (F) is ineligible	int pre-discount \$ amount for one-	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J) \$6,000
	U	υ	U	1 2	•	10,000	v	10,000	10,000	1	Ψυ,υυυ

ns 16 17 18 19 20 ncluding breakd h an Attachmen site and not s s service.	Page requestin Con "T" mondes Bil (e Con (mr a Ser con (mn own of con #, and m	ontract Number (if " if tariffed service onth-to-month servi escribed in instruction illing Account No. g. billed telephor illowable Vendor Soontract Date: (mm ontract Award Date mm/dd/yyyy) ervice State Date (montract Expiration nm/dd/yyyy) components and co- note number in span	f available; use , "MTM" if ices as ons) umber: ne number) election/ //dd/yyyy) te mm/dd/yyyy) nm/dd/yyyy) Date sts, plus any	RFP # N 12/12 01/12 07/01 N 06/30	00-48E /A 2/2000 2/2001 //A 0/2002 # USFATCH0105
15 ns 16 17 18 19 19 20 ncluding breakd h an Attachmen ne site and not s s service.	mistra Coo "T" moo des Bil (e.s All Coo (mr a Ser b Ser Coo (ms own of c #, and n	ator) ontract Number (if if tariffed service onth-to-month service seribed in instructional illing Account No. 19. billed telephor Illowable Vendor Sontract Date: (mmontract Award Date mm/dd/yyyy) ervice State Date (montract Expiration ontract Expiration ontract Expiration onto number in span	f available; use , "MTM" if ices as ons) umber: ne number) election/ //dd/yyyy) te mm/dd/yyyy) nm/dd/yyyy) Date sts, plus any	RFP # N 12/12 01/12 07/01 N 06/30	00-48E /A 2/2000 2/2001 1/2001 /A 0/2002
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ns 16 17 18 19 19 20 ncluding breakd h an Attachmen ne site and not s s service.	more des Bil (e. s. Alli (c. s. Co (mr. A. Ser Co (mr. co own of c. t. #, and n. c. c. c. c. c. t. #, and n. c.	if tariffed service onth-to-month service conth-to-month service seribed in instruction illing Account Not a.g. billed telephoral lowable Vendor Sontract Date: (mmontract Award Date mm/dd/yyyy) ervice State Date (montract Expiration ontract Expiration ontract end Components and components	, "MTM" if ices as ons) umber: ne number) election/ n/dd/yyyy) te mm/dd/yyyy) um/dd/yyyy) Date sts, plus any	12/12 01/12 07/01 N 06/30	/A 2/2000 2/2001 2/2001 2/A 2/2002
17 18 19 19 20 ncluding breakd h an Attachmen ne site and not s s service.	(e.g. Alli Cool (mr a Ser Co (mr own of c	e.g. billed telephor Stontract Date: (mm ontract Award Datem/dd/yyyy) ervice State Date (mervice End Date (montract Expiration nm/dd/yyyy) components and contenumber in span	ne number) election/ h/dd/yyyy) te mm/dd/yyyy) nm/dd/yyyy) Date sts, plus any	12/12 01/12 07/01 N 06/30	2/2000 2/2001 2/2001 2/A 2/2002
18 19 19 20 ncluding breakd h an Attachmen ne site and not s s service.	Column of column	ontract Date: (mm ontract Award Date nm/dd/yyyy) ervice State Date (revice End Date (montract Expiration nm/dd/yyyy) components and co- note number in span	n/dd/yyyy) te mm/dd/yyyy) nm/dd/yyyy) Date sts, plus any	01/12 07/01 N 06/30	2/2001 /2001 /A 0/2002
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ncluding breakd h an Attachmen ne site and not s s service.	Co (m) own of c	ontract Expiration nm/dd/yyyy) components and co- note number in spa-	sts, plus any	06/30	0/2002
ncluding breakd h an Attachmen ne site and not s s service.	own of c t #, and n	nm/dd/yyyy) components and co note number in spa	sts, plus any		
h an Attachmen ne site and not s s service.	t#, and n	note number in spa		. Attachment #	# USFATCH0105
Slock 4 workshe		he worksheet numb		943 –	
				M . LCI	
G	,	H	I	J	К
g (one the \$ and in (F	nount) is	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
00 0		5,000	5,000	50%	\$2,500
g) g	Gnon- How m (one the \$ ar \$ in (Finelig	G non- (one the \$ amount in (F) is ineligible?	hon- (one the \$ amount pre-discount \$ in (F) is amount for one- time charges (F minus G)	G H I non- (one the \$ amount to in (F) is ineligible? (F minus G) How much of the \$ amount of pre-discount \$ amount for one- time charges (F minus G)	G H I J non- (one the \$ amount

Bille	ed Entil, A	pplicant #: 13	31976				Applic	s Form I	denti	fier: DMI	PS4710101		<u> </u>
Cont	act Person	: Greg Da	vis			:	Phone Nur	nber:	515-	242-7773			
BLC	OCK 5: Di	scount Fundin	g Reques	t(s)					Pa	ge 303 of 319			
		e one Block 5 pag oleted pages to as					ber) for whic	h you are	requ	esting discounts. M	ake as many copie	es of this page :	as necessary, and
FRI	N #					(to b	e assigned	by adm	inis	trator)			
11		of Service (only ommunications Se	_	ory should		ed) ● Internal C	Connections	15	5	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48E
12	Form 470	Application Nu	ımber:		704	34000029662	0	16	5	Billing Account Nu (e.g. billed telephon		N	/A
					, , ,	3,00000,002	•	13	7	Allowable Vendor Se Contract Date: (mm	election/	12/12	2/2000
13	1	rvice Provider tion Number:				143007606		18	3	Contract Award Date (mm/dd/yyyy)	te		2/2001
	1							19	-	Service State Date (r		07/01	1/2001
14	Sarvice Pr	ovider Name			Manatan	Communica		20		Service End Date (m Contract Expiration			/A
14	Service 11				Norstan	Communica		20		(mm/dd/yyyy)	Date		0/2002
21	Descriptio	n of this Service:								of components and cos nd note number in space		Attachment	# <u>USFATCH0105</u>
22	Entity/Ent Service:	tities Receiving th		Number b. If the s	er of the entervice is sh	tity from Block	4 receiving thi	is service.		t by others), list the En			
23	Calculatio	ns	1	(e.g. A	-1)								
	<u> </u>	Recu	rring Cha	rges			N	on-Recu	rring	Charges		Total Charge	s
	A	В	C		D	E	F		G	Н	I	J	К
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible mo pre-disco amoun (A minus	ount pro	of months service ovided in gram year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	e the \$ a in (much o amount F) is gible?	, –	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0		0	0	5,000		0	5,000	5,000	80%	\$4,000
													\$ 1,000

				·			
Bille	d Entity Applicant #: 131976		Applic	s Form Ide	entifier: DMF	S4710101	
Cont	act Person: Greg Davis		Phone Nu	umber: 5	15-242-7773		
BLO	CK 5: Discount Funding Requ	est(s)			Page 304 of 319		
	er the completed pages to assure that		ber) for wh	ich you are r	equesting discounts. Ma	ke as many copie	es of this page as necessary, and
FRN	T #	(to be	assigne	d by admi	nistrator)		<u></u>
11	Category of Service (only ONE cat O Telecommunications Services		onnections	15	Contract Number (if "T" if tariffed service, month-to-month service described in instruction	"MTM" if	RFP #00-48E
12	Form 470 Application Number:	704340000296620	0	16	Billing Account Nu (e.g. billed telephon	e number)	N/A
				17	Allowable Vendor Se Contract Date: (mm		12/12/2000
13	SPIN – Service Provider Identification Number:	143007606		18	Contract Award Dat (mm/dd/yyyy)	e	01/12/2001
ł				19a			07/01/2001
				196			N/A
14	Service Provider Name	Norstan Communica	tions	20	Contract Expiration (mm/dd/yyyy)	Date	06/30/2002
21	Description of this Service:	You MUST attach a description of the relevant brand names. Label this descr					Attachment # USFATCH0105
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (prov Number of the entity from Block	4 receiving	this service.		-	
		b. If the service is shared by all enti- (e.g. A-1)	ties on a Blo	ck 4 workshee	et, list the worksheet number	r:	
23	Calculations					<u> </u>	
	Recurring C	narges		Non-Recurr	ing Charges		Total Charges

	Recu	rring Charges			Noi	n-Recurring C	harges		Total Charges	3
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	50%	\$2,500

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Bille	d Entity A	pplicant #: 13	1976				Applicans	Form Identi	ier: DM	PS4710101		
Con	tact Person	: Greg Da	vis				Phone Numb	per: 515-2	242-7773			
BLC	OCK 5: Di	scount Fundin	g Reque	est(s)			<u> </u>	Pag	ge 305 of 319			
Instr	uctions: Use per the comp	e one Block 5 par pleted pages to as	ge for EA	CH service they are	vice (Funding e all processed	Request Numl	ber) for which	you are reque	sting discounts. M	ake as many copi	es of this page	as necessary, and
FRI	#					(to be	assigned b	v administ	rator)			
11		of Service (only mmunications Se						15	Contract Number (i "T" if tariffed service month-to-month serv described in instructi	, "MTM" if ices as	RFP#	00-48E
12	Form 470 Application Number: 704340000					340000296620)		Billing Account N (e.g. billed telephor	ne number)	N	I/A
									Allowable Vendor S Contract Date: (mn	n/dd/yyyy)	12/12/2000	
13	SPIN – Service Provider Identification Number: 1430076					143007606		18 Contract Award Date (mm/dd/yyyy)			01/12/2001	
									Service State Date (Service End Date (n		07/01/2001 N/A	
14	Service Pr	ovider Name			Norstan	Communica	tions	20	Contract Expiration (nm/dd/yyyy))/2002
21	Descriptio	n of this Service:						ng breakdown	of components and cond note number in spa		Attachment	# USFATCH0105
22	Entity/Ent Service:	tities Receiving th	is	b. If	umber of the en	tity from Block	4 receiving this:	service.	by others), list the En			
23	Calculatio	ons					·····					
		Recu	irring Ch	arges	····		Nor	n-Recurring	Charges		Total Charge	s
	Α.,	В	C		D	E	F	G	Н	I	J	К
(tota	(total amount for service) \$ amount in (A) pre-discount service discount amount provided in program year charge:				Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0	0		0	0	10,000	0	10,000	10,000	80%	\$8,000

	Entil	pplicant #: 13	1976				Applic	s F	orm Identif	ier: DM	PS4710	101		
Conta	ct Person	: Greg Da	vis				Phone Nu	ımbe	er: 515-2	42-7773				
BLO	CK 5: Di	scount Fundin	g Requ	est(s)					Pag	ge 306 of 319				
		e one Block 5 pag pleted pages to as					ber) for wh	ich ye	ou are reque	sting discounts. M	ake as n	any copie	es of this page a	ns necessary, and
FRN	#	,	,		 · ·	(to b	e assigned	d by	administ	rator)				
1		of Service (only on mmunications Se				ed) ● Internal (Connections	-		Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48E	
2	Form 470	Application Nu	ımber:		704	34000029662	0			Billing Account Number: (e.g. billed telephone number)			N	/A
									17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12	/2000
3	SPIN – Service Provider Identification Number: 143007								1 -0	Contract Award Date (mm/dd/yyyy)			01/12	2/2001
										Service State Date (mm/dd/yyyy)			07/01	
	Service Provider Name Norstan Comm									Service End Date (mm/dd/yyyy)			N/A	
•	Service Provider Name Norstan Commu						itions			Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
	Entity/Ent Service:	tities Receiving thi	is	b. If	imber of the en	tity from Block	4 receiving t	this se	ervice.	by others), list the Er		58972 -		
		Recu	rring Cl	harges				Non-	Recurring	Charges	,		Total Charges	5
	A	В	(D	E	F		G	Н		I	J	K
total a	y \$ charges imount for rvice)	How much of the \$ amount in (A) is ineligible?	\$ amount in (A) pre-dis		# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual no recurring (o time) \$ charges	one	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	pre-discount \$ year pre-disco amount for one- time charges (E & H)		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	()	0	0	50,000		0	50,000	50	,000	60%	\$30,000

		#: 131976	_			Appli s l	Form Identif	ier: DM	PS4710101		
\Box O	act Person: Gr	eg Davis				Phone Numb	per: 515-2	242-7773			
	CK 5: Discount F	unding Req	uest(s)				Pag	ge 307 of 319			
	ctions: Use one Bloc er the completed page					ber) for which	you are reque	sting discounts. M	ake as many copie	es of this page a	as necessary, an
N.	#				(to be	assigned by	y administ	rator)			
	Category of Service O Telecommunicati	•	* -		ed) ● Internal C	onnections		Contract Number (i "T" if tariffed service month-to-month serv described in instructi	e, "MTM" if ices as	RFP #00-48E	
	Form 470 Applicat	tion Number:		704	340000296620	0		(e.g. billed telephone number)			/ A
							17	Allowable Vendor S Contract Date: (mn	election/	12/12/2000	
	SPIN – Service Provi Identification Numb				143007606		18	Contract Award Da (mm/dd/yyyy)		01/12/2001	
								Service State Date (mm/dd/yyyy)	07/01/2001	
								Service End Date (n		N/A	
	Service Provider Name Norstan Com				Communica	tions		Contract Expiration (mm/dd/yyyy)	Date	06/30/2002	
	Description of this Se	ervice:						of components and co d note number in spa		Attachment #	# <u>USFATCH01</u>
	Entity/Entities Received Service:		the service is si umber of the en				by others), list the Er	tity 58965 -	· '		
			b. If	the service is sh				the worksheet numb	er:		
	Calculations		b. If					the worksheet numb	er:		
	Calculations	Recurring (b. If (e.)	the service is sh		ties on a Block 4			er:	Total Charge	5
	Calculations A B	Recurring (b. If (e.)	the service is sh		ties on a Block 4	worksheet, list		er:	Total Charge	s K
tal		of the Eligib in (A) pre- ible? ar	b. If (e.)	the service is sh g. A-1)	nared by all enti	ties on a Block 4	worksheet, list	Charges H			

1110		1:	1076								DC 484 04 04		-·.
		pplicant #: 13						Form Ide			PS4710101 		
	act Person	······································					Phone Numb	·	5-242 - 7				
		scount Fundin							Page 30				
tru nb	ctions: Use er the comp	e one Block 5 pay pleted pages to as	ge for EA ssure that	ACH ser t they are	vice (Funding e all processed	Request Num	ber) for which	you are re	questing	discounts. M	ake as many copi	es of this page a	s necessary, and
N	#					(to b	e assigned b	y admin					
	* -	of Service (only			nould be check rnet Access	ed) • Internal C	onnections	15	"T" if month	act Number (i tariffed service -to-month serv bed in instruction	ices as	RFP #00-48E	
	Form 470	Application Nu	umber:		704	34000029662		16		g Account Noilled telephor		N	/A
					,		•	17	Allow	able Vendor S	election/	12/12	/2000
		rvice Provider tion Number:				143007606		18	Contr	act Award Da		12/12/2000	
		11,500,0				1 1000 7 000		19a		e State Date (mm/dd/yyyy)	01/12/2001 07/01/2001	
	Carrier De	Service Provider Name Norstan Comm						19b	Service End Date (mm/dd/yyyy) Contract Expiration Date			N/A 06/30/2002	
	Service Provider Name Norstan Comm						tions	20		аст Expiration ld/yyyy)	Date	00/30/2002	
	Descriptio	n of this Service:					service, includir iption with an A				sts, plus any ce provided below.	Attachment #	USFATCH010
	Entity/Ent Service:	tities Receiving th	is	b. If	umber of the ent the service is sh	tity from Block	vided to one site 4 receiving this ties on a Block 4	service.					
	Calculatio	ns		(e.	g. A-1)						1		, <u></u>
		Recu	rring C	harges			Nor	ı-Recurrii	ng Char	ges		Total Charges	3
	A	В	(7	D	E	F	G		H	I	J	K
otal	ly \$ charges апюunt for ervice)	How much of the \$ amount in (A) is ineligible?	amo	monthly scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amo in (F) in ineligible	unt p ar	nnual eligible ore-discount \$ nount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	()	0	0	5,000	0		5,000	5,000	80%	\$4,000

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d Entl	pplicant #: 13	1976				Applı s I	Form Identi	fier: DM	PS4710101		
act Person:	: Greg Da	vis				Phone Numb	per: 515-	-242-7773			
CK 5: Di	scount Fundin	g Reque	st(s)				Pa	ige 309 of 319			
						ber) for which	you are requ	esting discounts. M	ake as many copic	es of this page a	s necessary, and
#					(to be	e assigned b	y adminis	trator)	,		
	` •	•			ed)	1	15	Contract Number (i "T" if tariffed service month-to-month serv	e, "MTM" if ices as	RFP #00-48E	
Form 470	Application Nu	ımber:		704:	34000029662	0	16	_	1	N,	/A
							17	Allowable Vendor S	election/	12/12	/2000
]	143007606		18	Contract Award Da (mm/dd/yyyy)	te	01/12	/2001
							19a			07/01	
Comics n-	Service Provider Name Norstan Commu				Commercial	4				N/A 06/30/2002	
Service Provider Name Norstan Commu						tions	20	(mni/dd/yyyy)	1 Date	00/30/2002	
Service:			b. If t	mber of the ent the service is sh	tity from Block	4 receiving this s	service.				
	Recu	rring Cha	arges			Noi		CI		Total Charges	
			_				n-Recurring	Charges		Total Charge	5
A	В	C		D	E	F	n-Recurring G	Charges H	I	J J	K
A ly \$ charges amount for ervice)	B How much of the \$ amount in (A) is ineligible?	Eligible m pre-disc amou (A minu	nonthly count	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)		· · · · · · · · · · · · · · · · · · ·	Annual eligible pre-discount \$ amount for one-	I Total program year pre-discount \$ amount (E & H)	· · · · · · · · · · · · · · · · · · ·	
10	CK 5: Di actions: Use er the comp I # Category O Teleco Form 470 SPIN - Set Identificat Service Pr Descriptio Entity/Ent Service:	CK 5: Discount Funding actions: Use one Block 5 pages of the completed pages to as I # Category of Service (only 6 O Telecommunications Service Form 470 Application Number: SPIN – Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Calculations	CK 5: Discount Funding Requestations: Use one Block 5 page for EAG ter the completed pages to assure that the Category of Service (only ONE category of Service (only ONE category of Service) O Telecommunications Services Form 470 Application Number: SPIN – Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service:	CK 5: Discount Funding Request(s) Introductions: Use one Block 5 page for EACH server the completed pages to assure that they are service only ONE category shows that they are service only ONE category shows the services of the services. Service Provider Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Calculations	CK 5: Discount Funding Request(s) Intrions: Use one Block 5 page for EACH service (Funding er the completed pages to assure that they are all processed in the completed pages to assure that they are all processed in the completed pages to assure that they are all processed in the completed pages to assure that they are all processed in the complete in the complet	CK 5: Discount Funding Request(s) Interiors: Use one Block 5 page for EACH service (Funding Request Number the completed pages to assure that they are all processed correctly. If (to be Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal C Form 470 Application Number: 704340000296626 SPIN - Service Provider Identification Number: 143007606 Service Provider Name Norstan Communica Description of this Service: You MUST attach a description of the relevant brand names. Label this description of the relevant brand names. Label this description of the relevant brand names are label this description of the entity from Block b. If the service is shared by all entities. Calculations	CK 5: Discount Funding Request(s) actions: Use one Block 5 page for EACH service (Funding Request Number) for which her the completed pages to assure that they are all processed correctly. If # (to be assigned by Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Form 470 Application Number: 704340000296620 SPIN - Service Provider Identification Number: 143007606 Service Provider Name Norstan Communications Poscription of this Service: You MUST attach a description of the service, including relevant brand names. Label this description with an Access If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this b. If the service is shared by all entities on a Block 4 (e.g. A-1)	CK 5: Discount Funding Request(s) Pactions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requer the completed pages to assure that they are all processed correctly. The service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Form 470 Application Number: Tourish Addition Number: 143007606 Paction of this Service Provider Identification Number: 143007606 Paction of the service Including breakdown relevant brand names. Label this description with an Attachment #, a Paction of the service is site-specific (provided to one site and not shared Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, line (e.g. A-1)	CK 5: Discount Funding Request(s) Citions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Meer the completed pages to assure that they are all processed correctly. (to be assigned by administrator) Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections If Contract Number ("T" if tariffed service month-to-month serv described in instructive described in instructive form 470 Application Number: Tourist 470 Application Numbe	CK 5: Discount Funding Request(s) Citions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copie or the completed pages to assure that they are all processed correctly. (to be assigned by administrator) Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections It is Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) Form 470 Application Number: Tournet Access Internal Connections It is Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) Service Provider Identification Number: 143007606 Revice Provider Name Norstan Communications Norstan Communications O Contract Expiration Date (mm/dd/yyyy) Description of this Service: You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Entity/Entities Receiving this Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	CK 5: Discount Funding Request(s) Page 309 of 319 Intrinsic Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as the completed pages to assure that they are all processed correctly. If (to be assigned by administrator) Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Is Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) Form 470 Application Number: 704340000296620 Internal Connections Is Billing Account Number: (e.g., billed telephone number) 17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12 SPIN – Service Provider Identification Number: 143007606 Is Contract Award Date (mm/dd/yyyy) 19a Service State Date (mm/dd/yyyy) No Service Provider Name Norstan Communications Poscription of this Service: You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Entity/Entities Receiving this Service: 1 If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g., A-1)

Billed Entity Applicant #: 131976	Applic s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 310 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FR	N #	(to be assigned	by admini	istrator)	
11	Category of Service (only ONE ca O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, included relevant brand names. Label this description with an			w. Attachment # USFATCH0105
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one sit Number of the entity from Block 4 receiving thi		red by others), list the Entity 58931	-
		b. If the service is shared by all entities on a Block (e.g. A-1)		list the worksheet number:	·
23	Calculations				

23 | Calculations

	Recu	irring Charges			Non-Recurring Charges			Total Charges			
A	В	C	D	E	F	G	Н	Ī	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	60%	\$3,000	

1	
Billed Entil, Applicant #: 131976	Applic s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 311 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FR	N #	(to be assigned b	y admin	istrator)	
11	Category of Service (only ONE ca O Telecommunications Services	o Internet Access Internal Connections	15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A			pelow. Attachment # <u>USFATCH0105</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	service.		3968
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
22	Colculations				

23 Calculations

	Recu	rring Charges			Non-Recurring Charges			Total Charges			
A	В	C	D	E	F	G	Н	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	50%	\$2,500	